As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

	is attached hereto.	
	was filed as United States application	
	Serial No. <u>09/536,459</u>	
	on <u>March 28, 2000</u>	
	and was amended	
	on March 28, 2000	(if applicable).
o -	was-filed as PCT international application Number	
	on	
	and was amended under PCT Article 19	
	on	(if applicable).
	in the second of	
	state that I have reviewed and understand the dby any amendment referred to above.	ne contents of the above-identified specification, including the cl

I hereby claim priority benefits under Title 35, United States Code, §119 of the following United States Provisional Application and of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority

is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
United States	60/126,734	March 29, 1999	■ YES □ NO	
United States	. 60/126,813	March 30, 1999	■ YES □ NO	

Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA 100

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NUM	BER .	U.S. FILING DATE		PENDING	ABANDONED
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PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
					
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POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Catherine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (40,921), Nancy Axelrod (44,014) and Jennifer J. Branigan (37,432) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: MILLEN, WHITE, ZELANO & BRANIGAN, P.C.

Arlington Courthouse Plaza I, Suite 1400

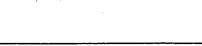
Telephone No. 703/243-6333

Direct Telephone Calls to: 703/813-5325

2200 Clarendon Boulevard Arlington, Virginia 22201

The state of the second ين سا موسس فياري Hamilton Landing FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR Gourdeau Henriette 2ئ <u>ặ</u>0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Canada Montreal Canada POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS** 3821 Hampton Montreal QC H2A 2K7 Canada **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR J. Giles Francis 2 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 2 Houston Texas United States of America STREET POST OFFICE CITY STATE & ZIP CODE/COUNTRY ADDRESS 1515 Holcombe Boulevard, Rm. Texas .77030 Houston B8-4324 **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 3 POST OFFICE STREET STATE & ZIP CODE/COUNTRY **ADDRESS FULL NAME** FAMILY NAME . FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 4 POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS**

Combined Declaration for Patent A Acation and Power of Attorney (Continue ATTORNEY'S DOCKET NUMBER (Includes Reference to PCT International Applications) PHARMA 100 FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 5 POST OFFICE STREET STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR **RESIDENCE &** STATE OR FOREIGN COUNTRY 0 COUNTRY OF CITIZENSHIP CITIZENSHIP 6 POST OFFICE STREET STATE & ZIP CODE/COUNTRY **ADDRESS** FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE STREET STATE & ZIP CODE/COUNTRY CHIEF! **ADDRESS** FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME organia. OF INVENTOR _2 RESIDENCE & 0 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 8 POST OFFICE STREET STATE & ZIP CODE/COUNTRY **ADDRESS FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR RESIDENCE & STATE OR FOREIGN COUNTRY 0 COUNTRY OF CITIZENSHIP CITIZENSHIP 9 POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS** FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 7 1 CITIZENSHIP O POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 16/00 SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR 205 DATE SIGNATURE OF INVENTOR 211 DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR 212 DATE



Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA 100

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	U.S. APPLICATION NUMBER				U.S. FILING DATE PAT		NTED	PENDING	ABANDONED
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	PCT APPLICATION NO. PCT FILING DATE			NG DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)				
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	Zelano (27,969 Traverso (30,5 James T. Moor application and	y; Alan E.J. 95); John A. e (35,619), J transact all	Branigan (20,56, Sopp (33,103); ames E. Ruland business in the Pa	5); John R. Mo Richard M. Lel (40,921), Nanc atent and Trade E, ZELANO & ouse Plaza I, So Boulevard		2,004); B: (33,460); J. Braniga	rion P. H Catherin n (37,432	eaney (32,542); e M. Joyce (40, 2) to prosecute to Direct Te	Richard J. .668):
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3 3 3 1 1	FULL NAME OF INVENTOR	FAMILY NAME Gourdeau		. 1	FIRST GIVEN NAME Henriette		SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY Montreal			STATE OR FOREIGN COUNTRY Canada		COUNTRY OF CITIZENSHIP Canada		
	POST OFFICE ADDRESS				CITY HG Montreal QC H∜A 2K7	1	STATE & ZIP @ODE/COUNTRY Canada		
2 0 2 2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Giles			FIRST GIVEN NAME Francis		SECOND GIVEN NAME J.		
	RESIDENCE & CITIZENSHIP	CITY Houston		1	STATE OR FOREIGN COUNTRY Texas		COUNTRY OF CITIZENSHIP United States of America		
	POST OFFICE ADDRESS	STREET 1515 Holcombe Boulevard, Rm. B8-4324			CITY Houston		STATE & ZIP CODE/COUNTRY Texas 77030		
	FULL NAME OF INVENTOR				FIRST GIVEN NAME		SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS				CITY STATE & ZIP CODE/Co		ZIP CODE/COUNTR	RY	
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2 0 4	RESIDENCE & CITIZENSHIP	•			STATE OR FOREIGN COUNTRY COUNTRY OF CITIZEN				
•	POST OFFICE ADDRESS				CITY		STATE &	ZIP CODE/COUNTI	RY



ATTORNEY'S DOCKET NUMBER Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications) PHARMA 100 SECOND GIVEN NAME **FULL NAME** FAMILY NAME FIRST GIVEN NAME OF INVENTOR 2 0 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITIZENSHIP 5 STATE & ZIP CODE/COUNTRY POST OFFICE STREET **ADDRESS** SECOND GIVEN NAME FIRST GIVEN NAME FULL NAME FAMILY NAME OF INVENTOR 2 COUNTRY OF CITIZENSHIP **RESIDENCE &** STATE OR FOREIGN COUNTRY 0 CITIZENSHIP 6 STATE & ZIP CODE/COUNTRY POST OFFICE STREET **ADDRESS** FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME FAMILY NAME** OF INVENTOR 2 COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & 0 CITIZENSHIP 7 CITY STATE & ZIP CODE/COUNTRY POST OFFICE STREET ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME** FAMILY NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 0 CITIZENSHIP 8 STATE & ZIP CODE/COUNTRY POST OFFICE STREET CITY ADDRESS ._ FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME **FAMILY NAME** OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE **ADDRESS** FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME FAMILY NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 1 CITIZENSHIP O STATE & ZIP CODE/COUNTRY POST OFFICE STREET **ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 6 ourde an 5 mai 2000 SIGNATURE OF INVENTOR 208 DATE DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE DATE SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR DATE DATE 210 SIGNATURE OF INVENTOR 204 DATE SIGNATURE OF INVENTOR 211 DATE SIGNATURE OF INVENTOR 205 DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR 212

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